



LICENSURE VERIFICATION

Name of Board providing verification

Applicant's Name

First Middle Last Generation

Social Security Number: _____

Mailing Address: _____

City State Zip Code

To be completed by State Board

I. The above-named applicant was licensed, registered or certified as a:

	License/Certificate No.	Date Issued	Valid Until
Professional Surveyor			
Surveyor Intern			

II. The applicant qualified for licensure by:

Written Examination

	Hours	Results Pass/Fail	NCEES Yes/No	Exam Date
Fundamentals of Surveying (FS)				
Principles & Practice of Surveying (PS)				
Other (explain)				

Comity or Reciprocity with _____ for Surveyor Intern
_____ for PS

Oral Examination Hours _____ Date _____

III. Disciplinary Actions: Yes ☐ No ☐ (please attach certified copy of order)
Pending Investigation: Yes ☐ No ☐
Pending Charges: Yes ☐ No ☐

IV. Comments: _____

Verified by: _____

Title: _____

Date: _____

Board Seal